

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Coly

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0138 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFO	JLLY BEFORE PREPARING THIS REPOR	a. <u> </u>
1. File Number U - 1334 S	2. Fiscal Year Covered From:	
<i>y=2-1-0</i>	01/01/2004	Through: 12/31/2004
Name and address of person filing.	4. Name, file number, and address of la	abor organization.
Name DANA A Colombo	Name Plumbers +	Steamfitt PRS Locale
	Labor Organization File Number	037-884
P.O. Box, Bldg., Room No., if any P.O. Boy 8 4 28	P.O. Box, Building and Room Numb	er, if any
Street	Street	\
City METAIRIE	City ME THIRIE	Annual Prince - I and the State of Marie State of State of State S
State	State LA	ZIP Code + 4 70011
5. Position in labor organization. OK GANIZER		
Enter appropriate data below if, during the past fiscal year, you or your si (except as specified in the ex. A. Held an interest in, engaged in transactions (including loans) with, or	clusions set forth in the instructions):	
monetary value from an employer whose employees your organiza	ntion represents or is actively seeking	to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	

monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name MECHANIBAL CONTRACTORS PSSN. OF N.D. Trade Name, if any. P.O. Box, Bldg., Room No., if any P.O. BOY 51238 7.b. Amount. Street City New Orleans ZIP Code +4 70151

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed D. A. C.

On 8/15/03

(504) 885-3054 Telephone Number

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income. — meAL 2/04 - 127.94
Name NATIONAL INSPECTION TESTING AND CERTIFICATION BORF.	-MEAL 6/04 - 71.46
Trade Name, if any:	-MEAL 10/04 - 31.62
Description of the second of t	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 501 SHATTO PLACE, Suite 201	2 2
City Los Angeles	231.02
State CA ZIP Code + 4 90 020	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
	·
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	Control of the contro
City	
State ZIP Code + 4	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
The second secon	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	-10 (4 May 1 10 May 1 10 May 1 10 May 1
City	and the second s
State ZIP Code + 4	

Name of Person Filing

DANA A. Colombo

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name DAVIS HAMILTON JACKSON ASSOC	a. Labor Organization
Trade Name, if any:	AUD.
P.O. Box, Bldg., Room No., if any	X b. Trust
Street #2 Houston Center, 909 FANNIN Suite 550	c. Employer
City Lance (and	
State 7 ½ ZIP Code + 4 77010	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Plumbers + Steam Fitters Persion Plan	
Trade Name, if any:	INVESTMENT MANAGER FOR PENSION FUND
P.O. Box, Bldg., Room No., if any P.O. Box 8428	FOR PENSION FUND
A CONTRACTOR OF THE PROPERTY O	
Street	
City META, RIG	
State ZIP Code + 4 70011	11.b. Approximate dollar value of such dealing. 87, 937. 20
	12.a. Nature of interest held or income received.
	- 90LF 4/1/04 45.00
	, , , , , ,
	:
	· ·
	12.b. Amount. 45.00

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	firectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name INVESTMENT PERFORMANCE SERV	
Trade Name, if any:	a. Labor Organization X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 7402 Hodgson Memorial DL.	. C. Limpoyo.
City SAURWNAH	
State 6 A ZIP Code + 4 3/406	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ALS LOCAL No 600	INVESTMENT CONSULTANT
Trade Name, if any:	FOX PENSION FUND
P.O. Box, Bldg., Room No., if any P.O. Box 8428	;
Street	11.b. Approximate dollar value of such dealing. 75,000.00
City METAIRIE State LA ZIP Code + 4 70011	12.a. Nature of interest held or income received.
,	
	12.b. Amount. 85.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	f the first the second source of the second
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing

DANA A. COLOMBO

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:
Name JANUS INSTITUTION A L Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 151 Detroit 5+. City Denuer State Co ZIP Code + 4 80206	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Plumbors + Steam F 1 + tens Rension Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 8428 Street City MEtairie	INVESTMENT MANAGERS FOR PENSION FUND
State 14 ZIP Code + 4 70011	11.b. Approximate dollar value of such dealing. 57.910 • 846
State	11.b. Approximate dollar value of such dealing. 57,910 · 846 12.a. Nature of interest held or income received.
	Meal 6/1/04 45.00
	12.b. Amount. 4.5.00

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLumbers & Stlam FI Hers	9. Business deals with:
Edulation Trust	a. Labor Organization
P.O. Box, Bidg., Room No., if any P-0. Boy 8428	b. Trust c. Employer
Street	
City METAIRIE State LA ZIP Code + 4 7001'	
State ZIP Code + 4 7007	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Plumbens & Stramfitters Local 60	UNION IS CO-SPONSOR UP
Trade Name, if any:	TRACT FLOUD
P.O. Box, Bidg., Room No., if any P.O. Box 8428	
Street	11.b. Approximate dollar value of such dealing. 542, 721-56
City METAIRIE	12.a. Nature of interest held or income received.
State ZA ZIP Coxie + 4 70011	- RgistRation NA PIDETRADES - 350.00 - MEAL - 7/2/04 - 29.06
	_ meal _ 7/3/04 - 31.94 - e Heist mas DINNER meeting - 61.00 12/04
	12.b. Amount. 472.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A a ft B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City 719 Code 1 4	
State ZIP Code + 4	- u
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.